

Assessment Task Reschedule Application Form

Section A *(To be completed by the student)*

Student Name: Year:

Course: Faculty:

Class Teacher: Head Teacher:

Assessment Task Name:

Task No: Date Issued: Due Date: Weighting:

Nature of Task: *(please circle)*

Assignment	Examination	Field Work	Listening Task	Major Work
Performance	Portfolio	Practical Task	Research Activity	Speaking Task
Viewing Task	Written Task	Other <i>(please specify)</i> :		

Section B *(To be completed by the student)*

Name of activity: Date:

Venue: Organising Teacher:

Reason/s for this application for task reschedule (attach extended statement or documentation as necessary):

Student signature: Date:

Parent/caregiver signature: Date:

Section C *(OFFICIAL USE ONLY: To be completed by the relevant Faculty Head Teacher)*

Resolution decision: Accepted / Rejected Date of rescheduled task:

Student issued rescheduled notification: Yes No

Stage Head Teacher notified: Yes No

Class Teacher notified: Yes No

Comment:

Faculty Head Teacher signature: Date:

Original to student file; copy to: Parent, Student, Class Teacher, and Stage Head Teacher